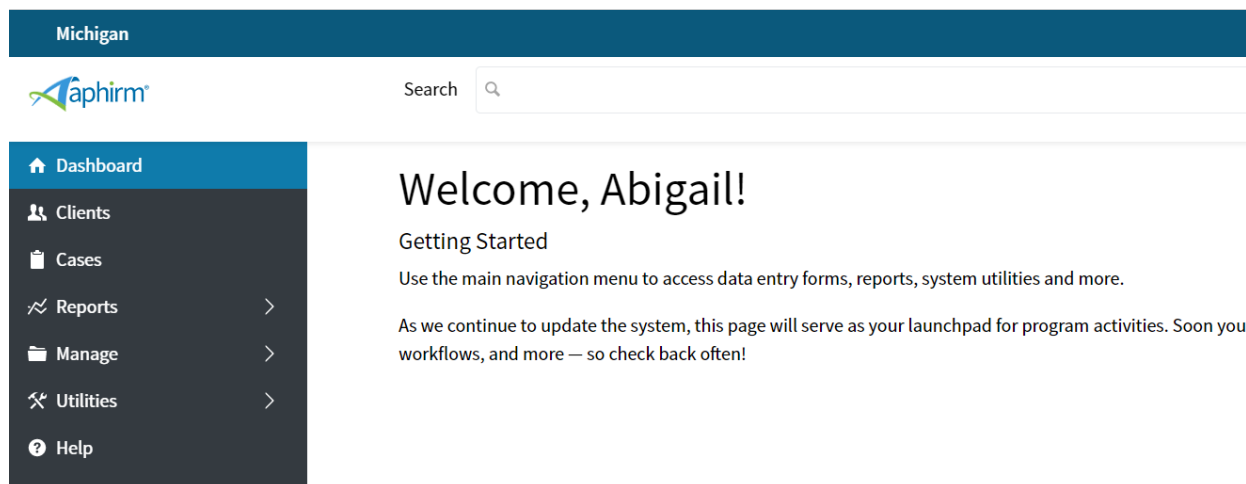


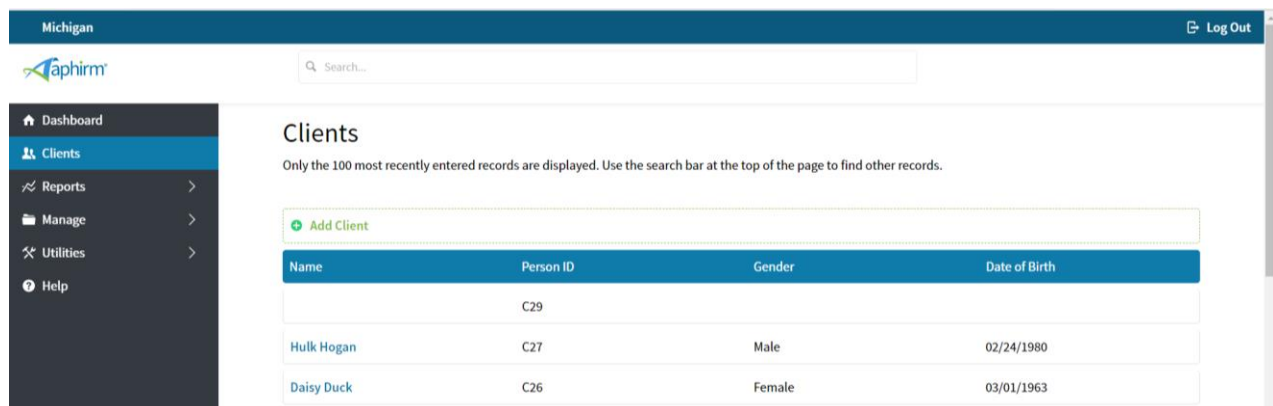
Aphirm Guide: HIV Test Reporting



Menu—If you click on “Clients”, you will see a list of the most recently entered clients at your Agency. “Cases” is only for Partner Services use.

Add New Testing Client

- Select “Clients” from the menu on the left-hand side.
- Then click “Add Client” in green.



Once you click on “Add Client”, the system will prompt you to check for potential matches in the database. You may fill out all or some of the fields below, or a combination, to be sure that the client is not already in Aphirm.


Check for Potential Matches

Let's do a quick check to see if this client already exists in the system.

First Name

Last Name

Date of Birth

 Cancel

 Check

If no matches are found, then click on "Continue adding new client":

Check for Potential Matches

Let's do a quick check to see if this client already exists in the system.

First Name


Abby


Last Name

Kadabby

Date of Birth

MM/DD/YYYY

 Cancel


 Check


Existing Clients

Here are some clients that match your search terms.

No results found.

Don't see who you're looking for?

 Cancel

 Continue adding new client

New Client Screen

- When you click on “Continue adding new client, this is the screen that appears:

The screenshot shows the 'New Client Screen' with a dark blue header bar containing a search bar and a 'Log Out' button. Below the header is a light gray bar with the text 'View all Clients / Client Tabs'. The main content area is titled 'Clients' and features a tabbed interface with 'Client Overview' and 'Activities' tabs. The 'Activities' tab is selected, and within it, there are sub-tabs for 'Demographics', 'Contact Information', and 'Locations'. The 'Demographics' sub-tab is active, displaying the 'Add Client' form. The form includes fields for 'Date Demographics Collected' (with a date picker showing 11/19/2020), 'First Name', 'Last Name', and 'Date of Birth' (with a date picker showing MM/DD/YYYY). Below these are radio buttons for 'Assigned Sex at Birth' (Male, Female, Declined to Answer) and 'Current Gender Identity' (Male, Female, Transgender - MTF, Transgender - FTM, Transgender - Unspecified). There are also checkboxes for 'Race (check all that apply)' (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Pacific Islander, etc.) and 'Ethnicity' (Hispanic or Latino, Not Hispanic or Latino, Don't know, Declined to answer). Blue arrows point from a text box on the right to the 'Activities' and 'Locations' tabs, and from another text box to the 'Add Client' form fields.

View all Clients / Client Tabs

Clients

Client Overview Activities

Demographics Contact Information Locations

Add Client

Demographics

Date Demographics Collected

11/19/2020

First Name

Last Name

Date of Birth

MM/DD/YYYY

Assigned Sex at Birth

☐ Male

☐ Female

☐ Declined to Answer

Current Gender Identity

☐ Male

☐ Female

☐ Transgender - MTF

☐ Transgender - FTM

☐ Transgender - Unspecified

Race (check all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ Other

Ethnicity

☐ Hispanic or Latino

☐ Not Hispanic or Latino

☐ Don't know

☐ Declined to answer

Notice the tabbed layout for navigation within a client.

All Demographic information is required. Please use “Declined to Answer” as necessary.

Testing Staff must enter:

Date Demographics Collected, First Name, Last Name, Date of Birth (format: mm/dd/yyyy, if unknown use 01/01/1800), Assigned Sex at Birth, Current Gender, Race, and Ethnicity.

Notes

Use this area to note any additional information (Alias, physical traits, etc.) or high priority status (i.e. unknown HIV status, pregnant, co-infection, etc.)

ID Numbers

Local Client ID

eHARS State Number

eHARS City/County Number

Diagnosis Date

MM/DD/YYYY

✓ Save

The “ID Numbers” section is not required. This section is used by surveillance staff.

Anonymous Testing protocol:

We are moving away from Anonymous Testing. However, if an anonymous tester presents, you may enter:

- First name: J and Last Name: Doe.
- Unknown DOB: 01/01/1800
- Fill out the remaining information to the best of your ability by using “Don’t know”, “Not asked”, or “Declined to Answer” as appropriate.

Remember to click SAVE!

Once these fields are complete, you can begin to move through the Client Overview tabs to “Contact Information” and “Locations”:

Client Overview

Activities

Demographics

Contact Information

Locations

Contact Information

Client Overview

Activities

Demographics

Contact Information

Locations

Contact Information

+ Add Contact Information

No results found.

Add phone numbers, emails, and usernames using the Contact Information tab. Contact type can be mobile, home, friend's cell, etc.

Example:

Demographics

Contact Information

Locations

Add Contact Information

Contact Type

Sister's Cell

Contact Value

313-555-9999

Notes

This cell phone belongs to Janet's sister, Amber, but it is the only way to get in touch with her.

Cancel

Save

Address Information

Add address information using the Locations tab.

Client Overview

Activities

Demographics

Contact Information

Locations

Locations

+ Add Location

No results found.

Click on “Add Location” and enter:

Required: Enter State, Zip Code and County.

Street address is not required, nevertheless, please enter one, if available.

Add Location

Location Type

Home

Address 1

222 Maple Ave

Address 2

City

Pleasantville

Zip Code

00000

State

mi

☒ Michigan

☐ Alabama

☐ Alaska

☐ Arizona

☐ Arkansas

County

Start Typing...

☒ ALCONA

☐ ALGER

☐ ALLEGAN

☐ ALPENA

☐ ANTRIM

Notes

If you do not have this information, you can type “Unknown”.

REQUIRED

Creating a Testing Event

Once the new client has been entered, you will need to add a testing event which can be found under activities tab and the subtab Testing.

The screenshot shows the 'Client Overview' page. The 'Activities' tab is selected and highlighted with a red box. Below it, the 'Testing' subtab is also highlighted with a red box. The main content area is titled 'Testing Events' and contains a green button labeled '+ Add Testing Event'. Below the button, it says 'No results found.'

Click on “Add Testing Event” to get started:

The screenshot shows the 'Testing' subtab selected. The main content area is titled 'Testing Events' and contains a green button labeled '+ Add Testing Event'. Below the button, it says 'No results found.'

From here, you can fill out the testing form as usual.

All questions under “General” must be completed before the rest of the test populates.

Clients

Client Overview Activities

Testing Partner Services

HIV Testing Form

General

Agency

☒ AGENCY A

☐ AGENCY B

☐ AGENCY CD

☐ Luther Consulting

☐ Test Agency Updated

Program

☒ PROGRAM A

	<p>Form ID</p> <p>AGF56</p> <p>Session Date</p> <p>08/26/2021</p> <p>Program Announcement</p> <p><input checked="" type="radio"/> PS18-1802</p> <p><input type="radio"/> PA A</p> <p>Site Name</p> <p><input checked="" type="radio"/> SITE A</p> <p><input type="radio"/> Home Testing</p>
<p>Worker ID and the questions under “Client” are required.</p> <p>Worker ID= Testing Counselor who performed the HIV test.</p>	<p>Worker ID</p> <p>Start Typing...</p> <p><input checked="" type="radio"/> Admin, Juris</p> <p><input type="radio"/> Albert, Eddie</p> <p><input type="radio"/> Arnold, Chris</p> <p><input type="radio"/> Candy, John</p> <p><input type="radio"/> ...</p> <p>Client</p> <p>Has the client had an HIV test previously?</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> Don't know</p> <p>Reason for Testing</p> <p><input checked="" type="radio"/> Patient initiated or regular testing</p> <p><input type="radio"/> Medical provider initiated testing</p> <p><input type="radio"/> STI symptoms</p> <p><input type="radio"/> HIV symptoms (acute or AIDS)</p> <p><input type="radio"/> ...</p>
<p>All testing information is required.</p> <p>Please enter the final test result only. If you are waiting on confirmatory results, then enter “preliminary positive” and update once the confirmatory results are received.</p>	<p>Testing Information</p> <p>HIV Test Election</p> <p><input type="radio"/> Anonymous</p> <p><input checked="" type="radio"/> Confidential</p> <p><input type="radio"/> Test Not Done</p> <p>Test Type</p> <p><input checked="" type="radio"/> CLIA-waived point-of-care (POC) Rapid Test(s)</p> <p><input type="radio"/> Laboratory-based Test(s)</p> <p>Final Test Result</p> <p><input checked="" type="radio"/> Negative</p> <p><input type="radio"/> Preliminary positive</p> <p><input type="radio"/> Positive</p> <p><input type="radio"/> Discordant</p> <p><input type="radio"/> Invalid</p>

	<p>Result provided to client</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Yes, client obtained the result from another agency </div>
<p>All negative test result questions are required.</p>	<h3>Negative Test Result</h3> <p>Is the client at risk for HIV infection? <i>(optional)</i></p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Risk Not Known <input type="radio"/> Not Assessed </div> <p>Was the client screened for PrEP eligibility?</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes </div> <p>Is the client eligible for PrEP referral?</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes, CDC criteria <input type="radio"/> Yes, by local criteria or protocol </div> <p>Was the client given a referral to a PrEP provider?</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes </div> <p>Did the client accept a referral to a PrEP provider?</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes </div> <p>Was an appointment for the client confirmed with a PrEP provider?</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes </div> <p>PrEP Appointment Date</p> <div>MM/DD/YYYY</div> <p>Was the client provided with services to assist with linkage to a PrEP provider?</p> <div> <input checked="" type="radio"/> No <input type="radio"/> Yes </div>
<p>All positive test result questions are required.</p>	<h3>Positive Test Result</h3> <p>Rapid Reactive Result</p> <div> <input type="radio"/> Rapid Reactive - Antigen Only <input type="radio"/> Rapid Reactive - Antibody Only <input type="radio"/> Rapid Reactive - Antigen and Antibody </div> <p>Did the client attend an HIV medical care appointment after this positive test?</p> <div> <input type="radio"/> Yes, confirmed <input type="radio"/> Yes, client/patient self-report <input type="radio"/> No <input type="radio"/> Don't Know </div> <p>Has the client ever had a positive HIV Test?</p> <div> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know </div>

	<p>Was the client provided with individualized behavioral risk-reduction counseling?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Was the client's contact information provided to the health department for Partner Services?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>What was the client's most severe housing status in the last 12 months?</p> <div> <input type="radio"/> Literally homeless <input type="radio"/> Unstably housed or at risk of losing housing <input type="radio"/> Stably housed <input type="radio"/> Not Asked </div> <p>Is the client pregnant?</p> <div> <input type="radio"/> No <input checked="" type="radio"/> Yes <input type="radio"/> Declined to Answer <input type="radio"/> Don't know </div> <p>Is the client in prenatal care?</p> <div> <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't know <input type="radio"/> Declined to Answer <input type="radio"/> Not Asked </div> <p>Was the client screened for the need of perinatal HIV service coordination?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Does the client need perinatal HIV service coordination?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Was the client referred for perinatal service coordination?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>
<p>The question “Was the client tested for co-infections?” is required. If the answer is no, then move on. If the answer is yes, please fill out all of the questions completely. For example, if you only tested for Syphilis, please answer no for the other tests. Do not leave them blank.</p>	<h3>Additional Tests</h3> <p>Was the client tested for co-infections?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Was the client tested for Syphilis?</p> <p><input type="radio"/> No <input checked="" type="radio"/> Yes</p> <p>Syphilis Test Result <i>(optional)</i></p> <div> <input type="radio"/> Newly Identified Infection <input type="radio"/> Not infected <input type="radio"/> Not Known </div> <p>Was the client tested for Gonorrhea?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Was the client tested for Chlamydia infection?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>Was the client tested for Hepatitis C?</p> <p><input type="radio"/> No <input type="radio"/> Yes</p>

Required for all testers.	<div>PrEP Awareness and Use</div> <div>Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Is the client currently taking daily PrEP medication?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Has the client used PrEP any time in the last 12 months?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div>
Required for all testers.	<div>Priority Populations</div> <div>In the past 5 years, has the client had sex with a male?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>In the past 5 years, has the client had sex with a female?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>In the past 5 years, has the client had sex with a transgender person?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>In the past 5 years, has the client injected drugs or substances?</div> <div><input type="radio"/> No <input type="radio"/> Yes</div>
Required for all testers.	<div>Essential Support Services</div> <div>Navigation services for linkage to HIV medical care</div> <div>Screened for need</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Need determined</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Provided or referred</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Linkage services to HIV medical care</div> <div>Screened for need</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Need determined</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Provided or referred</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Medication adherence support</div> <div>Screened for need</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Need determined</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Provided or referred</div> <div><input type="radio"/> No <input type="radio"/> Yes</div> <div>Health benefits navigation and enrollment</div> <div>Screened for need</div> <div><input type="radio"/> No <input type="radio"/> Yes</div>

	<p>Need determined</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Provided or referred</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Evidence-based risk reduction intervention</p> <p>Screened for need</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Need determined</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Provided or referred</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Behavioral health services</p> <p>Screened for need</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Need determined</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Provided or referred</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Social services</p> <p>Screened for need</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Need determined</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Provided or referred</p> <div><input type="radio"/> No <input type="radio"/> Yes</div> <p>Specify Essential Support Services Referred</p> <div></div>
<p>Please use the Local Fields Guidance to complete this portion.</p>	<p>Local Use Fields</p> <p>(Optional)</p> <p>Local Use Field 1</p> <div></div> <p>Local Use Field 2</p> <div></div> <p>Local Use Field 3</p> <div></div> <p>Local Use Field 4</p> <div></div> <p>Local Use Field 5</p> <div></div> <p>Local Use Field 6</p> <div></div>

	<div>Local Use Field 7</div> <div></div> <div>Local Use Field 8</div> <div></div>
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Lastly, remember to click save!

For questions regarding data entry, please contact Abigail Guerra at Guerraa@michigan.gov.